AUBURN UNIVERSITY FACULTY APPLICATION FOR PERMISSION* TO ENGAGE IN UNIVERSITY ACTIVITIES FOR EXTRA COMPENSATION

Name	Title	Department	
Banner Number	Type Appointment: 9 month	or 12 month	
Please note: If you are an intern	ational employee, check with t	the Office of International Programs	s prior to completing this form.
TT:			
University activity for extra com Describe the nature of the work t		for whom	
Describe the nature of the work t	o de performed, location, and	101 WIIOIII.	
		activity. (Indicate travel time separ	
		ate intervals. If you are reporting da	
range of dates should be provide	i on this form (e.g., way – At	igust 20j.	
<u>L</u>			
		n, give the name of the unit, and exp	
	ur University responsibilities.	(If using University labs or equipm	ent, indicate how the University will be
reimbursed)			
			lassroom teaching and other University
Responsibilities. List all classes	to be missed and what arrange	ments have been made for them.	
Financial Data (to be completed	only if salary supplement is pa	aid by University Payroll):	
Is the proposed activity related to			
If contracted, is consulting appro			
School/Unit	De	epartment	
	De	epartment Address	
Account Name	Ac	count Number	
		\$	
Kale 5 per nou	I LI of per day Li Total 300 s	Ψ	
CERTIFICATION:			
	nolicy statement "On Preventi	ng Conflicts of Interest in Governm	ent-Sponsored Research at Universities,
			t or other activities that I currently have
			in the future, I will promptly advise the
			equested activities will not interfere with
		search, outreach, service, and extens	sion and I will take appropriate action to
eliminate such interference if it s	hould occur in the future.		
C: 4 CF 14 M 1		5	
Signature of Faculty Member	Date		
APPROVED:			
		<u>_</u> *	
Project Director or Paying Unit	Date	Provost	Date
, ,			
		_	
Department Head	Date		
<u> </u>			
Dean	Date		